



Atty. Dkt. No. 067242-048

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Satoru Todo
Title: REMEDIES OR PREVENTIVES
FOR ISCHEMIC REFLOW FAILURE
Appl. No.: 09/807,603
Filing Date: 04/16/2001
Examiner: Brian Yong S KWON
Art Unit: 1614

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	102	53	49	x \$18.00	\$882.00
Independents:	14	13	1	x \$84.00	\$84.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$966.00

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for respons filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/>	Extension for respons filed within the second month:	\$400.00	\$400.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$400.00
CLAIMS AND EXTENSION FEE TOTAL:			\$1366.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$1366.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$1366.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$1366.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Feb. 15, 2002

FOLEY & LARDNER
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By Mary C. Till
 Mary C. Till
 Agent for Applicant
 Registration No. 41,545